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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Repeat CT scan (lumbar)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines
12/10/10 – MRI Lumbar Spine
01/10/11 – Clinical Note –DO
03/22/11 – Operative Report
03/23/11 – Radiographs Lumbar Spine
04/04/11 – Ct Lumbar Spine
04/06/11 – Clinical Note –DO
05/06/11 – Clinical Note –DO
06/17/11 – Clinical Note –DO
08/12/11 – Clinical Note –DO
09/19/11 – Clinical Note –DO
10/05/11 – Clinical Note –DO
12/12/11 – Clinical Note –DO
02/10/12 – Clinical Note –DO
05/11/12 – Clinical Note –DO
05/17/12 – Utilization Review Determination
05/25/12 – Utilization Review Determination
05/29/12 – Correspondence –

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with complaints of low back pain. MRI of the lumbar spine performed 12/10/10 revealed marked intervertebral disc space narrowing at L3-4 with associated first degree anterolisthesis of L3 on L4. There was facet joint hypertrophy posteriorly with osseous narrowing of the left intervertebral neural foramina, resulting in perineural fat effacement. There was generous canal stenosis at L2-3 with lateral recess narrowing, more extensive on the right. The claimant underwent L3-4 and L4-5 lumbar interbody fusion with

instrumentation on 03/22/11. CT of the lumbar spine performed 04/04/11 revealed a disc bulge at L2-3. There was moderate bilateral degenerative facet disease. There was a 2.2cm osteophyte along the right posterolateral thecal sac with moderate narrowing of the right lateral recess. At L3-4, there were post-operative changes from decompressive laminectomy and fusion. There were small calcific densities along the right posterolateral margin of the L3-4. At L4-5, there were post-operative changes from posterior decompression and fusion. There was bilateral degenerative facet disease with mild narrowing of the bilateral neural foramina. At L5-S1, there was a broad-based disc bulge. There was bilateral degenerative facet hypertrophy. There was mild right and mild-moderate left neural foraminal narrowing.

The claimant saw Dr. on 06/17/11. The claimant had no pain complaints. Physical exam revealed negative straight leg raise bilaterally. There was mild weakness of the bilateral lower extremities. The claimant was recommended for physical therapy. The claimant was seen for follow up on 09/19/11. The claimant complaints of stabbing low back pain with radiation to the bilateral buttocks. The claimant also reported pins and needles in the left foot. Physical exam revealed full strength of the lower extremities. The Achilles was diminished bilaterally. Straight leg raise was negative bilaterally. There was tenderness to palpation of the lumbar spine, as well as the bilateral sacroiliac region. The claimant was assessed with low back pain. The claimant was recommended for CT of the lumbar spine to evaluate fusion. The claimant was seen for follow up on 12/12/11. The claimant complained of pain to the low back and buttocks. Physical exam revealed the claimant ambulated with a normal gait. There was full strength of the lower extremities. The patellar and Achilles reflexes were absent bilaterally. Straight leg raise was negative bilaterally. There was tenderness to palpation of the lumbar spine, as well as the bilateral sacroiliac region. The claimant was assessed with low back pain. The claimant was recommended for repeat CT of the lumbar spine to determine MMI.

The claimant saw Dr. on 02/10/12 with complaints of low back pain and buttock pain. Physical exam revealed the claimant ambulated with a normal gait. There was full strength of the lower extremities. The patellar and Achilles reflexes were absent bilaterally. Straight leg raise was negative bilaterally. There was tenderness to palpation of the lumbar spine, as well as the bilateral sacroiliac region. The claimant was assessed with low back pain. The claimant was recommended for repeat CT scan in three months to assess healing. The claimant saw Dr. on 05/11/12 with complaints of pain to the low back and buttocks. Physical exam revealed the claimant ambulated with a normal gait. There was full strength of the lower extremities. The patellar and Achilles reflexes were absent bilaterally. Straight leg raise was negative bilaterally. There was tenderness to palpation of the lumbar spine, as well as the bilateral sacroiliac region. The claimant was assessed with low back pain and lumbar radiculopathy. Repeat CT of the lumbar spine to assess low back pain and fusion was recommended.

The request for repeat CT scan of the lumbar spine was denied by utilization review on 05/17/12 due to a lack of post-operative radiographs suggesting failed fusion.

The appeal request for repeat CT scan of the lumbar spine was denied by utilization review on 05/25/12 due to no progressive neurologic deficits.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The claimant underwent lumbar fusion in March of 2011 and post-operative CT studies completed on 04/04/11 revealed no significant abnormalities of the fusion construct. The claimant's continuing evaluations revealed stable findings with no evidence of new or worsening neurological deficits. There are no recent radiograph studies indicated possible pseudoarthrosis that would warrant further CT studies. The current evidence based guideline recommendations have not been followed. Therefore, the reviewer finds no medical necessity for Repeat CT scan (lumbar).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)